MAXIMUS Federal Services

Case Number:	CM15-0018660		
Date Assigned:	02/06/2015	Date of Injury:	03/05/1990
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female, who sustained an industrial injury on March 5, 1990. She has reported injury to the cervical spine. The diagnoses have included cervical degenerative disc disease and left shoulder impingement. Treatment to date has included diagnostic studies and medication. Currently, the injured worker complains of worsening neck and shoulder pain. She reported severe spasm in the left neck and the inability to lift the left shoulder. She can't turn sideways without pain. Neurological exam is documented as normal. Spurling is noted as negative. She rated her neck pain as a 6-7 on a 1-10 pain scale. She is able to manage baseline pain with her current pain medications but has increased pain with movement of her left arm and neck. On December 30, 2014, Utilization Review non-certified MRI of the neck spine without dye, noting the CA MTUS/ACOEM Guidelines. On January 15, 2015, the injured worker submitted an application for Independent Medical Review for review of MRI of the neck spine without dye.An Xrayof cervical spine report dated 12/12/14 was submitted for review. It revealed post surgical changes, grade 1 anterolisthesis and mild narrowing at C4-5. Spurring at C4.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI neck spine w/o dye outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 17-178, 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Injury occurred over years prior. There is no documentation of worsening symptoms but stable for years. Reasoning for CT scan, "is for worsening facet arthropathy and nerve impingmenet" is not by documentation and physical exam.MRI of cervical spine is not medically necessary.